

Memorandum of Understanding for Primary Care

Governing Body meeting

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3 October 2013

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Key messages	
<ul style="list-style-type: none"> • Early discussions between SY&B AT and Sheffield CCG highlighted need for the development of an MOU • Iterations have been discussed and amended via CET • The status of the document is a formal agreement between both parties and requires formal Governing Body approval 	
Assurance Framework (AF)	
<p>Risk Reference (RR) Number (1.3, 2.1, 4.1, 4.6, 5.2)</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? Governing Body can be assured that appropriate systems are put in place to help deliver strategic objectives)</p> <p>Is this an existing or additional control: additional</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? NO</p>	
Public and Patient Engagement	
N/A	
Recommendations	
<p>The Governing Body is asked to approve the Memorandum of Understanding between NHS England and South Yorkshire and Bassetlaw Area Team (SY&B AT) and Sheffield CCG</p>	

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1. Introduction

- 1.1 This paper seeks Governing Body's approval of the proposed Memorandum of Understanding between NHS England and South Yorkshire and Bassetlaw Area Team (SY&B AT) and Sheffield CCG (attached).
- 1.2 The need for a Memorandum of Understanding (MOU) was identified at an early meeting between both organisations and is designed to enable smooth working arrangements between both parties. The Area Team is seeking to have a similar arrangement with all the CCGs in the South Yorkshire and Bassetlaw area.
- 1.3 There have been a few iterations of the document, all of which have been discussed and improved upon at CET.
- 1.4 As it is a formal agreement between two statutory organisations Governing Body approval is required.

2. Recommendations

- 2.1 The Governing Body is asked to approve the Memorandum of Understanding between NHS England and South Yorkshire and Bassetlaw Area Team (SY&B AT) and Sheffield CCG

Paper prepared by Katrina Cleary, Programme Director

September 2013

Memorandum of Understanding between NHS England South Yorkshire and Bassetlaw Area Team (SY&B AT) and Sheffield CCG; Improving Quality in Primary Medical Services

INTRODUCTION

High quality primary care is integral to the success of the local healthcare system. Within the new commissioning arrangements, it is imperative that roles and responsibilities of the respective commissioners are clearly understood in order for it to be achieved. The DH publication "Functions of Clinical Commissioning Groups" (June 2012) makes the statement below;

The NHS CB will have statutory responsibility for commissioning primary care services, but CCGs will have a statutory duty to assist and support the NHS CB in securing continuous improvement in the quality of primary medical services.

This Memorandum of Understanding (MoU) sets out the framework for the working relationship between South Yorkshire and Bassetlaw Area Team (SY&B AT) and Sheffield CCG, with regard to improving quality in general practice, on an ongoing basis. The framework set out in this MoU takes account of the distinct and unique relationship between the two organisations, and details ways in which SY&B AT and Sheffield CCG will work together and alongside one another in delivering their respective functions. The MoU is intended to communicate clearly and unambiguously that SY&B AT and Sheffield CCG will work together where relevant and appropriate to do so.

Although this MOU is concerned primarily with general practice, the other primary care contractor groups are equally as important and ways of working with dentist, optometrists and pharmacists will be developed as part of the wider primary care strategy, which will be co-produced by the CCG and the Area Team.

Principles of cooperation

SY&B AT and Sheffield CCG have agreed that their working relationship will be characterised by the following principles:

- (i) the need to make decisions which promote patient safety and high quality health care;
- (ii) the need to provide services that focus on the needs and experiences of people who use those services and maintain public confidence;
- (iii) respect for each organisation's independence,
- (iv) openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate; and
- (v) the need to use resources efficiently, effectively and economically.

SY&B AT and Sheffield CCG will work in an open and transparent fashion, acknowledge each other's respective responsibilities, and will take these into account when working together.

Information sharing

Where it is necessary to share patient identifiable data, SY&B AT and Sheffield CCG will ensure that such data is shared and processed in accordance with the requirements of the Data Protection Act 1998.

SY&B AT and Sheffield CCG will apply adequate and appropriate security measures to confidential information that they receive in accordance with “Confidentiality NHS Code of Practice” (2003) requirements. Additionally, the two organisations will share information sensitively in accordance with the need to maintain organisational integrity; for Sheffield CCG as a member organisation with a duty to serve its members, and for SY&B AT as part of a national body with national operating procedures.

SY&B AT and Sheffield CCG recognise each organisation’s responsibilities under the Freedom of Information Act 2000. If either organisation receives a “Freedom of Information” request for information that it obtained from the other organisation, they will consult the other organisation prior to making a decision on disclosure.

In relation to “press and publications” where activity will have a direct impact for one another, SY&B AT and Sheffield CCG will seek to ensure that they involve each other in the development of planned announcements, including sharing drafts of their proposals and publications as early as possible:

- (i) drafts of any planned publications with specific implications for either organisation approximately 72 hours before they are released to the media wherever this is possible; and
- (ii) drafts of any press releases with specific implications for either organisation approximately 24 hours before they are released to the media wherever this is possible.

SY&B AT and Sheffield CCG will respect the confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

Communication

As the direct commissioners of primary care contractors, the Area Team will be communicating with practices on a regular basis, regarding several issues (contractual, performance, developmental, for information only, etc). As a minimum, when planning a blanket communication on any issue to practices, the Area Team will provide a “heads-up” to the named CCG contact (see Key Contacts table), in advance of sending to practices, so that any implications for the CCG or CCG-commissioned services can be understood and planned for. The Area Team will also provide this to the LMCs, to make them aware and prepared for any practice feedback they may directly receive as a result of the communication.

Working together to achieve quality improvement

The Area team will not only be concerned with the contract compliance of poorly performing practices, but will also be involved in ensuring unwarranted variation is reducing and quality is improving, as it is with safeguarding patient safety etc. As such, the

model described here is one which embraces open, collaborative and engaging relationships between practices, CCG and the AT.

What this means is that practices will contribute, with the CCG leads and the AT, to work out together, drawing from factual intelligence and other sources of internal and external information, what a practice quality improvement plan will include, what the development needs may be and how practices can be best supported to make those improvements. This could include programme objectives, interventions, sharing best practice, milestones, supporting information/evidence, funding estimates (if appropriate), cost-sharing arrangements and actions to be taken if progress exceeds or falls short of expectations at specified review points.

It is not for the Area Team to determine how the CCG leads should discharge their quality improvement activity with their practices as they will ultimately be measured on their clinical outcomes, but the AT will need to oversee progress in order to discharge its own responsibilities as contract manager.

Managing poor performance

Recognising that data alone is not indication of poor service provision, the AT primary care managers will use a collection of information including national data (clinical indicators, quality outcome standards, appraisals, complaints etc) and local intelligence (including conferring with stakeholders) in order to assess and mitigate any potential risk to service provision and patient safety within a practice. They will take the necessary steps to assure themselves that adequate and effective support is being provided to reduce the risk, identify areas for improvement and be able to demonstrate and measure that improvement.

In conducting investigations into individual performer concerns, the AT representative will ensure that where there is a potential risk posed to any CCG-commissioned services, the practitioner involved will be mandated to inform the CCG of the investigation, so that the necessary conversations can take place between all parties in order to protect patient safety and make arrangements to sustain business continuity.

In addition, where the AT representative has concerns relating to gaps in a contractor's general service delivery of the contract, he/she will also prompt the contractor to review their compliance with other commissioners' service specifications, and inform the relevant commissioner of any relevant issues.

Practical Mechanisms of Working together

To implement the above, NHS England South Yorkshire and Bassetlaw Area Team will:

- Provide the Sheffield CCG with information as to what is routinely collected under core GMS & PMS contractual arrangements from practices.
- Provide an AT primary care locality manager to meet with the CCG as and when required (this could be a regular monthly meeting if CCG request it), to discuss and share information relating to practice contracts, performance and development; and as a minimum, hold a wider meeting with the CCG twice a year to consider the information available from:
 - the National Assurance Management Framework for Primary Care,
 - Contract performance data & annual practice declaration

- CQC inspections, if applicable
- Incident and complaints records
- Outcomes of any (closed) performer investigations which are in the public domain
- Implications of ongoing investigations where this is legitimate (see above section on Managing Poor Performance)

and triangulate these with any additional intelligence held by either party, for discussion; agree with the CCG any required actions and how to take them forward as co-commissioners of the primary and community care system; and co-produce practice improvement plans as described above

- If requested by the CCG, and on an individual practice needs basis, support/participate in the CCG's practice visit, to an extent which is mutually agreed upon by the CCG and NHS England personnel
- Work closely with the CCG on interpretation and implementation of Direct Enhanced Services, and liaise on the CCG's design and commissioning of Local Improvement Schemes, to ensure best fit within the local health system
- Define an offer to CCGs, in terms of SY&B AT's involvement in locally protected learning time sessions run by the CCG for GP practices.
- Work closely with the CCG on the co-production of the SY&B Primary Care Strategy, to ensure coherence with the CCG's strategic commissioning intentions regarding community-based services
- Work with the CCG to agree a plan for workforce training and development, with clearly defined roles and responsibilities for each organisation in taking it forward
- Share learning from other CCGs in South Yorkshire and Bassetlaw with regard to the commissioning of primary care services, and facilitate the pooling of ideas and innovations.
- Maintain regular dialogue with the CCG on quality and performance issues as appropriate, on an ongoing basis, built around the following approach
 - Upon being made aware of issues regarding performance in a particular practice, from whichever quarter (CQC, CCG, practitioner, provider, etc), contact the CCG MOU manager (see Key Contacts below) to make them aware, where this is legitimate and appropriate
 - Monitor individual contractors and performance of providers and carry out investigations, at any time in response to concerns
 - Take action if it is found that a service isn't meeting the standards, using the available regulatory and contractual powers

Sheffield CCG will:

- Meet with the SY&B AT twice a year to consider the information available from:
 - the National Assurance Management Framework for Primary Care,
 - Contract performance data & annual practice declaration
 - CQC inspections, if applicable
 - Incident and complaints records
 - Outcomes of any (closed) performer investigations which are in the public domain
 - Implications of ongoing investigations where this is legitimate (see above section on Managing Poor Performance)

and triangulate these with any additional intelligence held by either party, for discussion; agree with SY&B AT any required actions and how to take them forward as co-commissioners of the primary and community care system; and co-produce practice improvement plans as described above

- Work closely with SY&B AT on interpretation and implementation of Direct Enhanced Services, and liaise as required with the AT regarding the CCG's design and commissioning of Local Improvement Schemes, to ensure best fit within the local health system
- Share with SY&B AT the CCG's strategic commissioning intentions relating to community-based services which have an interface with primary care, ensuring they are taken account of in the Area Team's primary care strategy
- Work with SY&B AT to agree a plan for workforce training and development, and clearly define roles and responsibilities for each organisation in taking it forward
- Actively engage in discussions regarding primary care through input into the Local Professional Networks
- Keep SY&B AT fully informed about developments in their services, approach and methodologies in which they share a mutual operational interest
- Maintain regular dialogue with SY&B AT on quality issues as appropriate, on an ongoing basis and notify the SY&B AT (via key contacts list, see below) where the CCG perceives there to be performance issues or has concerns (about relevant incidents and complaints) with a practice, for further discussion and mutually agreed action plan.

Resolution of disagreement

Any disagreement between SY&B AT and Sheffield CCG will normally be resolved at working level. If this is not possible, it will be brought to the attention of the MoU managers identified in key contacts who may then refer it upwards through those responsible, up to and including the Chief Executives of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

This MoU will be effective for at least a twelve month period commencing from the date on which it was signed by the two organisations. Its operation shall be reviewed at the end of the first twelve months in order to inform any changes necessary going forward.

Day-to-day business will be managed outside regular meetings. Both organisations have identified staff responsible for the management of this MoU as set out in the key contacts list below, who will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

SY&B AT and Sheffield CCG are committed to exploring ways to develop more effective and efficient partnership working to promote quality and safety within their respective remits.

The named contacts with responsibility for each area of cooperation identified below will liaise as required to carry out day-to-day business.

Key Contacts:

SY&B Area Team:		
MoU Manager	Karen Curran	Head of Primary Care
Responsible Officer	David Black	Medical Director
Quality Lead	Julie Finch	A.D. Nursing, Quality & Safety
Primary liaison	Victoria Lindon	Primary Care Contract Manager
Sheffield CCG		
MoU Manager	Kevin Clifford	Chief Nurse Sheffield CCG
Lead Clinician	Richard Oliver	Lead Clinician
Primary liaison	Katrina Cleary	Programme Director Primary Care

Date of sign-off: 3 September 2013

Date of review: 3 September 2014